

Application Data Sheet

**Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	CONTROL SYSTEM FOR CONTINUOUSLY VARIABLE TRANSMISSION AND CONTINUOUSLY VARIABLE TRANSMISSION WHEREIN SUCH IS UTILISED
Attorney Docket Number::	2002-1003
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	4
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: GERMANY  
Status:: Full Capacity  
Given Name:: JOACHIM  
Middle Name::  
Family Name:: LUH  
City of Residence:: BIETIGHEIM-BISSINGEN  
State or Province of Residence::  
Country of Residence:: GERMANY  
Street of Mailing ESHENWEG 2  
Address::  
City of Mailing Address:: BIETIGHEIM-BISSINGEN  
State or Province of Mailing Address::  
Country of Mailing Address:: GERMANY  
Postal or Zip Code of Mailing Address:: 74321

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: THE NETHERLANDS  
Status:: Full Capacity  
Given Name:: MAAIKE  
Middle Name::  
Family Name:: VAN DER LAAN  
City of Residence:: TILBURG  
State or Province of Residence::  
Country of Residence:: THE NETHERLANDS  
Street of Mailing HOEVENSE KANAALDIJK 33  
Address::  
City of Mailing Address:: TILBURG  
State or Province of Mailing Address::  
Country of Mailing Address:: THE NETHERLANDS  
Postal or Zip Code of Mailing Address:: NL-5018 EA

**Correspondence Information**

Correspondence Customer Number:: 000466

**Representative Information**

Representative Customer Number::	000466
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**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/EP99/07000	9/15/99

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
EUROPE			

**Assignment Information**

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::